## HB0014HS001

```
1
    Page 1-line 9
                      After "through" insert "26-55-112 and".
2
3
    Page 2-line 9
                                "patient-physician" and insert
                      Delete
4
                       "patient-provider".
5
6
    7
8
             "(xi) "Step therapy protocol" means an evidence-based
9
    protocol or program that establishes the specific sequence in which
10
    prescription drugs for a specified medical condition are deemed
11
    medically appropriate for a particular patient and are covered by
12
    a health insurer or health benefit plan;
13
14
             (xii)
                    "Health care provider" means a person licensed,
15
    registered or certified under federal or state laws or regulations
    to provide health care services;".
16
17
18
    Page 6-line 17
                      Delete "(xi)" and insert "(xiii)".
19
20
    Page 7-line 4
                      Delete
                                 "professionals" and
                                                           insert
21
                       "providers".
22
23
    Page 8-line 20
                      Delete "physician" and insert "health care
24
                      provider".
25
26
    Page 9-line 22
                      Delete "professional" and insert "provider".
27
28
    Page 10-line 1
                      Delete
                               "a
                                    specific"
                                                and
                                                      insert
                                                              "an
29
                      applicable".
30
    Page 10-after line 9 Insert:
31
32
33
             "(iv) Knowledge of the applicable person's medical
34
    history and diagnosis.".
35
36
    Page 10-line 11 Delete "prior to" and insert "after".
37
38
    Page 10-lines 14 and 15
                                Delete entirely.
39
40
                      Delete line through "service"
    Page 10-line 16
                       "After issuing an adverse determination".
41
42
43
    Page 10-line 17
                      Delete "notify the" and insert "provide the
44
                       opportunity to the health care provider".
```

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1
 2
    Page 10-lines 18 through 21 Delete entirely.
 3
 4
    Page 10-line 22
                        Delete "opportunity".
 5
 6
    Page 10-line 23
                        After
                               "who"
                                      insert "has decision making
 7
                        authority and".
 8
9
    Page 11-line 2
                        After "review." insert "The health insurer or
10
                        contract utilization review
                                                       entity
11
                        attempt to schedule the discussion within five
12
                        (5) business days after the health care
13
                        provider's request.".
14
15
                        Delete "professional" and insert "provider".
    Page 11-line 10
16
17
    Page 11-line 12
                        Delete
                                 "a
                                      specific"
                                                  and
                                                         insert
                                                                  "an
18
                        applicable".
19
20
    Page 13-line 16
                        Delete "business" and insert "calendar".
21
                        Delete "twenty-four (24)" and insert "seventy-
22
    Page 14-line 6
23
                        two (72)".
24
    Page 14-line 11
25
                        Delete "twenty-four (24)" and insert "seventy-
26
                        two (72)".
27
28
    Page 15-lines 6 through 12 Delete entirely and insert:
29
30
         "(a) Each authorization shall have the following timelines:
31
              (i) Outpatient service prior authorizations shall be
32
33
    valid for a period of not less than one (1) year;
34
35
              (ii) Prescription drug authorization periods shall be
    effective for a period of not less than one (1) year including
36
37
    changes in dosage for a prescription drug prescribed by a health
38
    care provider, provided that the authorization period and dosage
39
    change are consistent with dosing and duration according to
40
    evidence based guidelines for safety and efficacy;
41
42
              (iii) Prior authorizations for inpatient services shall
43
    be valid for a length of time based on the patient's clinical
44
    condition. This period will be not less than one (1) day.".
45
46
    Page 17-after line 10
                             Insert:
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47

"(d) No enrollee shall be required to repeat a step therapy protocol if that enrollee, while under their current or a previous health benefit plan, used the prescription drug required by the step therapy protocol, or another prescription drug in the same pharmacologic class with a similar efficacy and side effect profile or with the same mechanism of action, and discontinued use due to effectiveness, efficacy, an adverse contraindication. The enrollee's prescribing provider shall submit justification and clinical information, if requested, demonstrates a clinically valid reason for why the covered prescribed drug is needed and documentation of completion of previous step therapy protocols for the prescribed drug.

## 26-55-114. Prior authorization for rehabilitative or habilitative services.

 (a) A health insurer or contracted utilization review entity shall not require prior authorization for rehabilitative or habilitative services including, but not limited to, physical therapy services or occupational therapy services for the first twelve (12) visits for each new episode of care. For purposes of this subsection, "new episode of care" means treatment for a new condition or treatment for a recurring condition that an enrollee has not been treated within the previous ninety (90) days.

(b) This section does not limit the right of a health insurer or contracted utilization review entity to deny a claim when an appropriate prospective or retrospective review concludes that the health care services were not medically necessary.

**Section 2.** W.S. 26-55-113 is created to read:".

Page 17-line 15 After "provider" insert ", as identified by a unique national physician identifier,"; after "granted" delete "an" and insert "a twelve (12) month or one (1) year".

Page 17-line 17 After "service" insert ", excluding the practice of pharmacy and prescription drugs,".

Page 17-line 21 Delete "eighty percent (80%)" and insert "ninety percent (90%)".

Page 17-line 22 After "requests" insert ", rounded down to the nearest whole number,".

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Page 18-line 10
1
                      After "section" insert "." and delete balance
                      of line.
2
3
                      Delete line through "months.".
    Page 18-line 11
4
5
6
    Page 19-line 14
                      Delete "eighty percent (80%)" and insert
7
                       "ninety percent (90%), rounded down to the
                      nearest whole number,".
8
9
                      After "applies" insert ";" and delete balance
10
    Page 19-line 17
11
                      of line.
12
13
    Page 19-lines 18 and 19 Delete entirely.
14
15
    Page 22-lines 8 through 23 Delete entirely.
16
17
    Page 23-lines 1 and 2 Delete entirely.
18
19
    Page 23-line 4 Delete "Section 2." and insert "Section 3.".
20
21
   Page 23-line 7
                      Delete "Section 3." and insert "Section 4.".
22
                               "subsection (b)"
23
    Page 23-line 9
                      Delete
                                                    and insert
                      "subsections (b) and (c)".
24
25
26
    Page 23-after line 10 Insert:
27
28
         "(b) Section 2 of this act is effective January 1, 2026.".
29
30
    Page 23-line 12
                      Delete line
                                     through "3" and
                       "(c) Sections 3 and 4". ZWONITZER, DN,
31
32
                       CHAIRMAN
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